

Your Address

GP address

Date

Dear Dr

Patient Name, Date of Birth, Address

Clinical Hypnotherapy sessions for (List of) presenting complaint(s)

1) Anxiety

2) Spider Phobia

3)

I have started meeting with.....
on.....

The reason for our meetings is.....

I will be updating you if there are significant developments in due course.....

PLAN

We will carry on meeting weekly for the next.....

Name and Signature